

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Employment and Training

WIOA Section 188 Complaint

INSTRUCTIONS: Use of this form is voluntary for individuals and entities seeking to file a discrimination complaint pursuant to 29 CFR § 38.9(a). Note, per 29 CFR § 38.69(c). This form should be completed and submitted within one hundred and eighty (180) days of the date of the alleged discriminatory act. Personal information you provide may be used for secondary purposes [Privacy Law, Wis. Stat. § 15.04(1)(m)].

Complainant Information	
Complainant Name James Trandel	
Complainant Address (Street, P.O. Box) 5205 South 44th Street	
City, State, Zip Code Greenfield WI 53220-5128	
Email Address n/a	Telephone Number [REDACTED]

Respondent Information (the individual or entity that the complainant alleges is responsible for the violation or discrimination if alleged)	
Individual / Entity / Agency Name DWD - UI	
Respondent Address (Street, or P.O. Box) 201 East Washington Ave	
City, State, Zip Code Madison WI 53703	
Telephone 414-435-7069	Contact Person (if known)

3. Check all grounds of discrimination that apply and specify the characteristic

- | | |
|---|---|
| <input type="checkbox"/> Race _____ | <input type="checkbox"/> Citizenship _____ |
| <input type="checkbox"/> Color _____ | <input checked="" type="checkbox"/> Disability <u>Hostility to the disabled and
UIPL No. 02-16 (alternative
claim-filing access for disabled
workers)</u> |
| <input type="checkbox"/> Sex _____ | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Pregnancy _____ | <input type="checkbox"/> Political affiliation or belief _____ |
| <input type="checkbox"/> Childbirth and related medical conditions
_____ | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> Sex stereotyping _____ | <input type="checkbox"/> Reprisal/Retaliation _____ |
| <input type="checkbox"/> Transgender status _____ | <input type="checkbox"/> National Origin _____ |
| <input type="checkbox"/> Gender Identity _____ | <input type="checkbox"/> Limited English Proficiency _____ |
| <input type="checkbox"/> Sexual Harassment _____ | <input type="checkbox"/> WIOA Beneficiary Status _____ |
| | <input type="checkbox"/> Other _____ |

4. Briefly describe, as clearly as possible, the basis for your complaint. Attach additional sheets if necessary. Also, attach any written materials pertaining to your complaint.

- a. Please explain how you were discriminated against:

See attached.

- b. Who was involved? Include witnesses and representatives of the respondent who were involved or have first-hand information of the actions. Include email addresses and telephone numbers, if known.

See attached.

- c. List the location and date(s) each action occurred.

See attached.

5. The first date on which the alleged discriminatory action occurred: 03/13/2024

6. The most recent date the alleged discriminatory action occurred: 03/13/2024

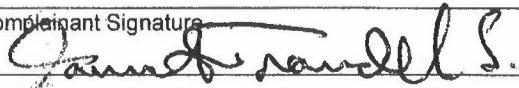
7. Do you have an attorney or other representative for this complaint? Yes No

If Yes, please provide contact information:

Attorney or Representative / Firm Name Victor Forberger, Esq	
Email <u>vforberger@fastmail.fm</u>	Telephone <u>608-352-0138</u>
Address (Street, P.O. Box) <u>2509 Van Hise Ave.</u>	
City, State, Zip Code <u>Madison WI 53705</u>	

8. If you have filed a case or complaint about these allegations with any other government agency or non-federal entity, please complete the section below:

I understand that this complaint may be subject to release under the Wisconsin Public Records Law.

Complainant Signature 	Date Signed <u>6/12/24</u>
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Note: An electronic signature by you or your attorney is acceptable.

Send the completed form to: DETEOContact@dwd.wisconsin.gov or Department of Workforce Development, Division of Employment & Training-EO, PO Box 7972, Madison WI 53707.

For Office Use Only:

Date Received	Case Number
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James Trandel

Page 1

4.a. Please explain how you were discriminated against:

I am an older, disabled worker (an amputee for both legs and a paraplegic). On March 13th I attempted to file a weekly certification on the phone as I do not use computers.

I spoke with Ken-4182. Ken told me I should not file and asked why bother even filing because I also get SSDI benefits (I am the plaintiff in a case challenging the SSDI eligibility ban, Trandel v. LIRC and DWD, Milwaukee County Circuit Case No. 2023CV3790).

Ken then asked for me to explain what my disability was and refused to let me file a weekly certification because of the SSDI eligibility ban. He said I was wasting his time and so he had no reason to help me file a weekly certification. If I really wanted to file, Ken said, I needed to go to a public library and file a claim on the computers there.

I said I do not use computers and that my wife helps me with my job searches that occur on the computer. Ken said I should have my wife then help me file my on-line claims, because he was not going to waste his time with me.

I later found out that Ken added a note to my unemployment file that would prevent me from ever filing on the phone again. Another Department representative removed that note from my unemployment file, and I can again file my weekly certifications over the phone.

UIPL No. 01-24 (8 Nov. 2023) offers specific guidance for alternatives to on-line claim-filing.

Required Alternatives to Web-Based Services. UIPL No. 02-16 explains that state UI agencies must ensure that the use of technologies and systems for administering UI programs and providing services do not create barriers (e.g., administrative, procedural, technological, or informational) that may prevent individuals from accessing UI benefits, such as by denying them a reasonable opportunity to establish and maintain their eligibility.

UIPL No. 02-16 and UIPL No. 02-16, Change 1 also describe states' obligation to provide accessible alternatives to web-based technology. States may offer individuals the option of receiving certain information and services via electronic methods but may not require that individuals communicate only through electronic means. Such policies unduly restrict program access, as not all individuals have the ability or capacity to communicate electronically. For persons unable to access or use a web-based system, the state must offer alternative options for accessing information and benefits, such as by telephone or in person, in a manner that ensures effective and meaningful access to the UI system. Further, states must broadly and conspicuously disseminate information about alternative access options in ways that ensure that individuals who may need to use such options are aware of how to utilize them. *See 29 C.F.R. 38.15(c).* In addition to benefitting individuals who are unable to access or use a web-based system, these alternative non-web-based access points may also provide a convenient option for those who do not have access to technology, do not have technology proficiency, and those who have a disability, or are limited English proficient (LEP).

In addition to hindering equitable access to the UI system, the use of a website and web-based technology as the sole or primary way for individuals to obtain information about UI benefits or to file UI claims may have the effect of denying or limiting access to members of

James Trandel

Page 2

protected groups in violation of Federal nondiscrimination law, as described in UIPL No. 02-16 and UIPL No. 02-16, Change 1.

UIPL No. 01-24 at 10-11 (underlining supplied).

4.b. Who was involved? Include witnesses and representatives of the respondent who were involved or have first-hand information of the actions. Include email addresses and telephone numbers, if known.

On 13 March 2024, I was on the phone with Ken - 4182 when he refused to help me.

4.c. List the location and date(s) each action occurred.

The events on March 13th occurred over the phone.